

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

Western District of Texas

In re Cobb & Associates Corp.,
Debtor

Case No. 16-52575-RBK

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: November, 2016

Date filed: 11/07/2016

Line of Business: Oil field services

NAISC Code: 339900

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Carol Ann Cobb

Original Signature of Responsible Party

Carol Ann Cobb

Printed Name of Responsible Party

Questionnaire: *(All questions to be answered on behalf of the debtor.)*

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B 25C (Official Form 25C) (12/08)

- | | | |
|---|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(*Exhibit A*)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL INCOME \$ 0.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ <u>9.45</u>
Cash on Hand at End of Month	\$ <u>- .55</u>

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ - .55

(*Exhibit B*)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL EXPENSES \$ 0.00

(*Exhibit C*)

CASH PROFIT

INCOME FOR THE MONTH (*TOTAL FROM EXHIBIT B*) \$ 0.00

EXPENSES FOR THE MONTH (*TOTAL FROM EXHIBIT C*) \$ 0.00

(*Subtract Line C from Line B*)

CASH PROFIT FOR THE MONTH \$ 0.00

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL PAYABLES \$ _____ 0.00

(*Exhibit D*)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL RECEIVABLES \$ _____ 0.00

(*Exhibit E*)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(*Exhibit F*)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____ 0

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____ 0

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____ 0.00

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____ 0.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____ 0.00

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____ 0.00

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ 0.00	\$ 0.00	\$ 0.00
EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00
CASH PROFIT	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL PROJECTED INCOME FOR THE NEXT MONTH:			\$ 0.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:			\$ 0.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:			\$ 0.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

Western District of Texas

In re Cobb & Associates Corp.,
Debtor

Case No. 16-52575-RBK

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: December 2016

Date filed: 11/07/2016

Line of Business: Oil field services

NAISC Code: 339900

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Carol Ann Cobb

Original Signature of Responsible Party

Carol Ann Cobb

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B 25C (Official Form 25C) (12/08)

- | | | |
|---|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(*Exhibit A*)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

Bank Deposit from Jerry Lott
TOTAL INCOME \$ 21.55 0.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ <u>-5.5</u>
Cash on Hand at End of Month	\$ <u>1.00</u>
PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU	TOTAL \$ <u>1.00</u>

(*Exhibit B*)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL EXPENSES \$ 0.00

(*Exhibit C*)

CASH PROFIT

INCOME FOR THE MONTH (<i>TOTAL FROM EXHIBIT B</i>)	\$ <u>0.00</u>
EXPENSES FOR THE MONTH (<i>TOTAL FROM EXHIBIT C</i>)	\$ <u>0.00</u>
(<i>Subtract Line C from Line B</i>)	CASH PROFIT FOR THE MONTH \$ <u>0.00</u>

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL PAYABLES \$ 0.00

(*Exhibit D*)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL RECEIVABLES \$ 0.00

(*Exhibit E*)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(*Exhibit F*)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____ 0
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____ 0

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____ 0.00

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____ 0.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____ 0.00

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____ 0.00

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ 0.00	\$ 0.00	\$ 0.00
EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00
CASH PROFIT	\$ 0.00	\$ 0.00	\$ 0.00

TOTAL PROJECTED INCOME FOR THE NEXT MONTH: \$ 0.00

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: \$ 0.00

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: \$ 0.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

CASE NAME: Cobb & Associates Corp.
CASE NUMBER: 16-52575-RBK

SMALL BUSINESS MONTHLY OPERATING REPORT - EXHIBIT B-1

	MONTH 2016 November	MONTH 2016 December	MONTH	MONTH	MONTH	Six Months To Date
CASH RECEIPTS AND DISBURSEMENTS						\$.
1. CASH-BEGINNING OF MONTH	\$ 9.45	\$ 8.55				0.00
RECEIPTS:						0.00
2. CASH SALES	0.00					0.00
3. COLLECTION OF ACCOUNTS RECEIVABLE	0.00					0.00
4. LOANS & ADVANCES (attach list)		\$ 1.55				0.00
5. SALE OF ASSETS	0.00					0.00
6. OTHER (attach list)						0.00
TOTAL RECEIPTS**	\$ 0.00	\$ 21.55		\$ 0.00	\$ 0.00	\$ 0.00
(Withdrawal Contribution by Individual Debtor MFR-2*						0.00
DISBURSEMENTS:						0.00
7. NET PAYROLL	0.00					0.00
8. PAYROLL TAXES PAID	0.00					0.00
9. SALES, USE & OTHER TAXES PAID	0.00					0.00
10. SECURED/RENTAL/LEASES	0.00					0.00
11. UTILITIES & TELEPHONE	0.00					0.00
12. INSURANCE	0.00					0.00
13. INVENTORY PURCHASES	0.00					0.00
14. VEHICLE EXPENSES	0.00					0.00
15. TRAVEL & ENTERTAINMENT	0.00					0.00
16. REPAIRS, MAINTENANCE & SUPPLIES	0.00					0.00
17. ADMINISTRATIVE & SELLING	0.00					0.00
18. OTHER (attach list) <i>to 21.55</i>		\$ 20.55				0.00
TOTAL DISBURSEMENTS FROM OPERATIONS	\$ 20.55	\$ 20.55		\$ 0.00	\$ 0.00	\$ 0.00
19. PROFESSIONAL FEES	0.00					0.00
20. U.S. TRUSTEE FEES	0.00					0.00
21. OTHER REORGANIZATION EXPENSES (attach list)						0.00
TOTAL DISBURSEMENTS**	\$ 20.55	\$ 20.55		\$ 0.00	\$ 0.00	\$ 0.00
22. NET CASH FLOW	0.00	0.00		0.00	0.00	0.00
23. CASH - END OF MONTH (SBMOR-2)	\$ 55	\$ 1.35				\$.

* Applies to individual debtors only

**Numbers for the current month should balance (match)
RECEIPTS and CHECKS/OTHER DISBURSEMENTS lines on SBMOR-Exhibit B-2

SBMOR-Exhibit B-1

CASE NAME: Cobb & Associates Corp.
CASE NUMBER: 16-52575-RBK
SMALL BUSINESS MONTHLY OPERATING REPORT - EXHIBIT B-2

CASH ACCOUNT RECONCILIATION
MONTH OF November 2016

BANK NAME	Patterson State Bank	#	#	TAX	OTHER FUNDS	TOTAL
ACCOUNT NUMBER	# 3901					
ACCOUNT TYPE	OPERATING					
BEGINNING BANK BALANCE	\$ 2,445.00					
RECEIPTS	0.00					
TRANSFERS BETWEEN ACCOUNTS	0.00					
CHECKS/OTHER DISBURSEMENTS	\$ 1,00.00					
ENDING BANK BALANCE	\$ 1,445.00					
DEPOSITS IN TRANSIT	0.00					
OUTSTANDING CHECKS	0.00					
ADJUSTED BANK BALANCE	\$ 1,445.00					
BEGINNING CASH - PER BOOKS*	\$ 2,445.00					
RECEIPTS*	0.00					
TRANSFERS BETWEEN ACCOUNTS	0.00					
(WITHDRAWAL) OR CONTRIBUTION BY INDIVIDUAL DEBTOR MFR-2	0.00					
CHECKS/OTHER DISBURSEMENTS*	\$ 1,00.00					
ENDING CASH - PER BOOKS*	\$ 1,445.00					

SBMOR-Exhibit B-2

* Numbers should balance (match) BEGINNING CASH, TOTAL RECEIPTS, TOTAL DISBURSEMENTS and ENDING CASH lines on SBMOR-Exhibit B-1. Copies of all bank statements should be attached.

CASE NAME: Cobb & Associates Corp.
CASE NUMBER: 16-52575-RBK

SMALL BUSINESS MONTHLY OPERATING REPORT - EXHIBIT B-2

CASH ACCOUNT RECONCILIATION
MONTH OF December, 2016

BANK NAME:	Patterson State Bank	#			
ACCOUNT NUMBER:	# 3001	#			
ACCOUNT TYPE	OPERATING	PAYROLL	TAX	OTHER FUNDS	TOTAL
BEGINNING BANK BALANCE:	\$ 21.55				\$ 21.55
RECEIPTS*	\$ 21.55				0.00
TRANSFERS BETWEEN ACCOUNTS	0.00				
CHECKS/OTHER DISBURSEMENTS	\$ 20.55				\$ 20.55
ENDING BANK BALANCE:	\$ 1.00				\$ 1.00
DEPOSITS IN TRANSIT	0.00				0.00
OUTSTANDING CHECKS	0.00				0.00
ADJUSTED BANK BALANCE	\$ 1.00				\$ 1.00
BEGINNING CASH - PER BOOKS*	\$ 21.55				\$ 21.55
RECEIPTS*	\$ 21.55	0.00			
TRANSFERS BETWEEN ACCOUNTS	0.00				0.00
(WITHDRAWAL) OR CONTRIBUTION BY INDIVIDUAL DEBTOR MFR-2	0.00				0.00
CHECKS/OTHER DISBURSEMENTS*	\$ 20.55	0.00			\$ 20.55
ENDING CASH - PER BOOKS*	\$ 1.00				\$ 1.00

SBMOR-Exhibit B-2

* Numbers should balance (match) BEGINNING CASH, TOTAL RECEIPTS, TOTAL DISBURSEMENTS and ENDING CASH lines on SBMOR-Exhibit B-1. Copies of all bank statements should be attached.

November ¹⁷ 2016

11-30-16 - cycle service charge ⁹ \$10.00

DATE	DOLLARS	CENTS
CURRENCY		
COINS		
TOTAL CASH		
CHECKS		
1 Jerry Cobb	21	55
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20 C LARGUER C C		
21 G C K C T O L H C H C U L		
22 J R S		
23 J R S		
24 J R S		
25 J R S		
26 J R S		
27 J R S		
28 J R S		
TOTAL FROM OTHER SIDE OR ATTACHED LIST		
PLEASE RE-ENTER GRAND TOTAL HERE		

DEPOSIT
TICKET
TOTAL ITEMS

DEPOSITS MAY NOT
BE AVAILABLE FOR
IMMEDIATE WITHDRAWAL.

84-80/652

RE-ENTER GRAND TOTAL
IN SCREENED BOXES

\$ 21.55

COBB & ASSOCIATES CORP
PO BOX 100
AMITY AR 71921
(855) 575-3291



CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE UNIFORM COMMERCIAL CODE AND ANY APPLICABLE COLLECTION AGREEMENT.

11444110031: [REDACTED] 9011#

December 2016

12-7-16	Daily Overdraft fee	5.00
12-14-16	Daily Overdraft fee	5.00
12-21-16	Cycle Service charge	10.00



PSB 511

COBB & ASSOCIATES CORP
6015 BAYOU BLACK DR
GIBSON LA 70356

Statement Period
11/01/16 - 11/30/16

Page 1 of 1

Account Summary

PREVIOUS STATEMENT BALANCE AS OF 10/31/16	9.45
PLUS 0 DEPOSITS AND OTHER CREDITS00
LESS 0 CHECKS AND OTHER DEBITS00
LESS CYCLE SERVICE CHARGE	10.00
CURRENT STATEMENT BALANCE AS OF 11/30/1655-

DETAIL FOR BUSINESS PLUS**901**

DAYS IN THIS CYCLE	30
--------------------	----

Checking Account Transactions

Date	Description	Debits	Credits
11/30	CYCLE SERVICE CHARGE	10.00	

Balance History

Date	Balance	Date	Balance	Date	Balance	Date	Balance
10/31	9.45	11/30	.55-				





PSB 1691

COBB & ASSOCIATES CORP
6015 BAYOU BLACK DR
GIBSON LA 70356

Statement Period
12/01/16 - 12/31/16

Page 1 of 2

Account Summary

PREVIOUS STATEMENT BALANCE AS OF 11/30/1655-
PLUS 1 DEPOSITS AND OTHER CREDITS	21.55
LESS 2 CHECKS AND OTHER DEBITS	10.00
LESS CYCLE SERVICE CHARGE	10.00
CURRENT STATEMENT BALANCE AS OF 12/31/16	1.00

DETAIL FOR BUSINESS PLUS

901

DAYS IN THIS CYCLE 31

Checking Account Transactions

Date	Description	Debits	Credits
12/07	DAILY OVERDRAFT FEE	5.00	
12/14	DAILY OVERDRAFT FEE	5.00	
12/15	DEPOSIT		21.55
12/31	CYCLE SERVICE CHARGE	10.00	

Balance History

Date	Balance	Date	Balance	Date	Balance	Date	Balance
11/30	.55-	12/07	5.55-	12/14	10.55-	12/15	11.00
12/31	1.00						



